

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 27 AM 11:41

REINSTATEMENT 08-09 GRM

DOCUMENT # L06000080832

1. Entity Name
DIAZ ASPHALT L.L.C.



Principal Place of Business
936 SAWGRASS ST.
CLEWISTON, FL 33440

Mailing Address
936 SAWGRASS ST.
CLEWISTON, FL 33440

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

404 South Francisco St
Suite, Apt. #, etc.

404 South Francisco St
Suite, Apt. #, etc.

City & State
Clewiston, FL

City & State
Clewiston, FL

Zip
33440

Country
US

Zip
33440

Country
US

02012009 REIN-LLC

CR2E101 (1/07)

4. FEI Number
41-2200928

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, PEDRO SR.
936 SAWGRASS ST.
CLEWISTON, FL 33440

Name

Street Address (P.O. Box Number is Not Acceptable)

404 South Francisco St

City
Clewiston

FL

Zip Code
33440

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Pedro Diaz
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DIAZ, PEDRO JR.
936 SAWGRASS ST.
CLEWISTON, FL 33440 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
404 South Francisco street
Clewiston, FL 33440 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DIAZ, OMAR L
936 SAWGRASS ST.
CLEWISTON, FL 33440 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
404 South Francisco street
Clewiston, FL 33440 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DIAZ, PEDRO SR.
936 SAWGRASS ST.
CLEWISTON, FL 33440 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
404 South Francisco street
Clewiston, FL 33440 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200143808618
02/17/09--01038--017 **277.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #